

STATE OF MISSISSIPPI APPLICATION

IMPORTANT! PLEASE READ THE INSTRUCTIONS (located on the insert sheet) BEFORE COMPLETING

-TYPE OR PRINT IN BLACK INK-

SPB USE ONLY OCCU CODE	Exact title of job applying for (one title only): Title: _____	APPLICATION TO IMPROVE SCORE

Social Security Number	Last Name	First	Middle	Maiden
Mailing Address				
City	County Code	State	Zip	Home Phone ()
				Other Phone ()

To meet the requirements of federal regulations, we need to collect information on the questions below for EEO reporting purposes only. This information **will not** be used for making employment decisions. **(Optional)**

A. Race: _____ (1) American Indian
 _____ (2) White
 _____ (3) Hispanic
 _____ (4) Black
 _____ (5) Asian

B. Sex: _____ (M) Male
 _____ (F) Female

C. Date of f Birth _____
 Month Day Year

NOTE: If you are a person with a disability and may need special services or accomodations in the application process, please contact the State Personnel Board at (601) 359-2725.

A. If you have ever applied for or been employed in state service under a different name or social Security number, please list them:

B. Identify any agency for which you would not work: _____

C. Date available for employment: _____
 Month Day Year

JOB LOCATION AVAILABILITY: List the counties by code (see list below) where you will work. You will be considered only for the locations for each section. you indicate.

CAUTION: Should you decline or fail to report for an interview for one of your selected locations, your name will be removed from the List of Eligibles.

(Write codes below)

_____ _____	_____ _____	_____ _____	_____ _____
01 Adams	22 Grenada	42 Leflore	63 Sharkey
02 Alcorn	23 Hancock	43 Lincoln	64 Simpson
03 Amite	24 Harrison	44 Lowndes	65 Smith
04 Attala	25 Hinds	45 Madison	66 Stone
05 Benton	26 Holmes	46 Marion	67 Sunflower
06 Bolivar	27 Humphreys	47 Marshall	68 Tallahatchie
07 Calhoun	28 Issaquena	48 Monroe	69 Tate
08 Carroll	29 Itawamba	49 Montgomery	70 Tippah
09 Chickasaw	30 Jackson	50 Neshoba	71 Tishomingo
10 Choctaw	31 Jasper	51 Newton	72 Tunica
11 Claiborne	32 Jefferson	52 Noxubee	73 Union
12 Clarke	33 Jefferson	53 Oktibbeha	74 Walthall
13 Clay	Davis	54 Panola	75 Warren
14 Coahoma	34 Jones	55 Pearl River	76 Washington
15 Copiah	35 Kemper	56 Perry	77 Wayne
16 Covington	36 Lafayette	57 Pike	78 Webster
17 DeSoto	37 Lamar	58 Pontotoc	79 Wilkinson
18 Forrest	38 Lauderdale	59 Prentiss	80 Winston
19 Franklin	39 Lawrence	60 Quitman	81 Yalobusha
20 George	40 Leake	61 Rankin	82 Yazoo
21 Greene	41 Lee	62 Scott	83 Statewide

Travel and Shift Availability: Check **one only**

Travel Day Only _____ (A) Some _____ (B) Often _____ None Overnight _____ (C) Some _____ (D) Often _____ None	Shift Work I am willing to work: _____ (A) Day only _____ (B) Evening only _____ (C) Night only _____ (D) Day or evening _____ (E) Day or night _____ (F) Evening or night _____ (G) Any shift
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Veteran's Preference: If you wish to claim Veteran's Preference, read instructions, then check one below.

____ (1) I have attached a DD214 or equivalent
 ____ (2) I have attached a DD214 and a letter of disability from the Veterans' Administration.

How did you find out about this position?

____ Job Fair
 ____ SPB Web-Site (www.spb.ms.gov)
 ____ Local Employment Office
 ____ Other

FOR EMPLOYMENT SERVICE AND SPB USE ONLY:

Date Received _____
 Date Forwarded _____

Name: _____ SSN: _____ Title of Job
(Last) (First) Applying for: _____

EDUCATIONAL BACKGROUND

Do you have a high school diploma? _____ Years of Education (circle highest school year completed)
Do you have a GED certificate? _____
Date received _____ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

Name of college, university, or technical school attended	Total Credits Received		Dates Attended		Did you graduate?		Type Degree (B.S., M.Ed., etc.) & Date Received (Mo./Yr.)	GPA	Field of Study				Department of Major
	Semester Hours	Quarter Hours	From	To	Yes	No			Major	Hours	Minor	Hours	

License, Certificate, Registration (A copy of the appropriate license or certificate must be attached if required by the job description)

Title/Type	License Number	Name of Licensing Agency	Specialization	Certification Date (Orig.)	Expiration Date

EXPERIENCE AND TRAINING RECORD

WORK HISTORY: List **all** prior work experience, **including military service**, beginning with your most recent employment. You may **include volunteer or unpaid work** as part of your history; however, you should include the number of hours per week which you performed these duties. **NOTE: Resumes are not accepted and may not be used as a substitute for completing this section.**

May your present employment supervisor be contacted? ☐ Yes ☐ No

A. Starting Date		Ending Date		Name and complete address of employer/company:	
Mo.	Year	Mo.	Year		
Name, title and phone number (if known) of your immediate supervisor:					
Starting Salary	Ending Salary	Hours per week/Avg.	Exact title of your position:		Number of employees you supervise:
Description of duties in detail:					

B. Starting Date		Ending Date		Name and complete address of employer/company:	
Mo.	Year	Mo.	Year		
Name, title and phone number (if known) of your immediate supervisor:					
Starting Salary	Ending Salary	Hours per week/Avg.	Exact title of your position:		Number of employees you supervise:
Description of duties in detail:					

C. Starting Date		Ending Date		Name and complete address of employer/company:	
Mo.	Year	Mo.	Year		
Name, title and phone number (if known) of your immediate supervisor:					
Starting Salary	Ending Salary	Hours per week/Avg.	Exact title of your position:		Number of employees you supervise:
Description of duties in detail:					

D. Starting Date		Ending Date		Name and complete address of employer/company:	
Mo.	Year	Mo.	Year		
Name, title and phone number (if known) of your immediate supervisor:					
Starting Salary	Ending Salary	Hours per week/Avg.	Exact title of your position:		Number of employees you supervise:
Description of duties in detail:					

Certification: I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the State Personnel Board and release to any agency considering me for employment. I know that any misrepresentation herein may lead to rejection of my application, removal of my name from the list of eligibles, and/or dismissal from state service. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

Date

X_____
Signature of Applicant

-IMPORTANT-

Have you answered all questions thoroughly?	Have you signed and dated your application?	Have you completed your name and address information?
Have you kept a copy of your application for your files?	Have you attached all required documents?	

SUPPLEMENTAL APPLICATION INFORMATION

(To include work history and/or education not already in section A, B, C, D, E or F, if needed.)

Name: _____ Title of Job _____
(Last) (First) Applying for: _____ SSN: _____

-EDUCATIONAL BACKGROUND-

Name of college, university, or technical school attended	Total Credits Received		Dates Attended		Did you graduate?		Type Degree (B.S., M.Ed., etc.) & Date Received (Mo./Yr.)	GPA	Field of Study				Department of Major
	Semester Hours	Quarter Hours	From	To	Yes	No			Major	Hours	Minor	Hours	

-EXPERIENCE AND TRAINING-

Starting Date		Ending Date		Name and complete address of employer/company:			
Mo.	Year	Mo.	Year				
Name, title and phone number (if known) of your immediate supervisor:							
Starting Salary	Ending Salary	Hours per week/Avg.	Exact title of your position:			Number of employees you supervise:	
Description of duties in detail:							

Starting Date		Ending Date		Name and complete address of employer/company:			
Mo.	Year	Mo.	Year				
Name, title and phone number (if known) of your immediate supervisor:							
Starting Salary	Ending Salary	Hours per week/Avg.	Exact title of your position:			Number of employees you supervise:	
Description of duties in detail:							

Certification:

I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the State Personnel Board and release to any agency considering me for employment. I know that any misrepresentation herein may lead to rejection of my application, removal of my name from the list of eligibles, and/or dismissal from state service. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

Date**X**

Signature of Applicant

I M P O R T A N T !

Before submitting this application to the State Personnel Board, please be sure you have:

- * checked with the nearest WIN Job Center or the State Personnel Board website at www.spb.ms.gov to be sure the job class is on open recruitment for the county(ies) where you are willing to work*
- * examined the minimum requirements to make sure you meet them*
- * read the instructions*
- * typed or printed the application in black ink*
- * listed the exact title of job applying for*
- * completed the section listing your name and address*
- * listed a county “on recruitment” in the “JOB LOCATION AVAILABILITY” Section, (Unless you have been a state employee for over six (6) months.)*
- * completed all sections thoroughly (dates of employment, hours worked, and description of duties in detail.)*
- * signed and dated your application*
- * attached all required documents*
- * kept a copy of your application for your files*
- * male applicants between the ages of eighteen (18) and twenty-six (26) must enter their Selective Service number in the License, Certificate, Registration section*

STATE OF MISSISSIPPI APPLICATION

Mail to:
State Personnel Board
Robert G. Clark, Jr. Building, Suite 203
301 North Lamar Street
Jackson, Mississippi 39201
www.spb.ms.gov

AN EQUAL OPPORTUNITY EMPLOYER

Persons who feel they have been discriminated against by any state agency may write to the State Personnel Board at the address above or contact an appropriate federal agency.

GENERAL INSTRUCTIONS -TYPE OR PRINT IN BLACK INK

PLEASE READ BEFORE COMPLETING APPLICATION

Instructions relating to specific sections:

Veteran's Preference: Mississippi law defines a veteran as a person who served at least ninety (90) days in the active forces during a period of war or armed conflict (World War II: 5/7/41 -7/25/47; Korean Action: 6/25/50 - 1/31/55; Post Korean/Vietnam Campaign: 2/1/55 -5/7/75; Persian Gulf War: 8/2/90 -ongoing) and was honorably discharged or was discharged for a service connected injury in less than ninety (90) days. To qualify for five (5) points Veteran's Preference, you must attach a copy of your DD214 or other proof of service. If you are a disabled veteran with a service-connected disability and you claim ten (10) points Veteran's Preference, you must also provide a letter of disability from the Veteran's Administration dated within the past ninety (90) days. Points shall not be awarded for periods of active duty when duty was for training purposes only to meet obligations in the Reserve Forces, National Guard, etc.

Selective Service: Male applicants between the ages of eighteen (18) and twenty-six (26) must enter their Selective Service number in the License, Certificate, Registration section.

Supplemental Experience and Training Record: Purpose: To include work history and/or education not already included in the "Educational Background" section or in the "Work History" section (Sections A, B, C, D, E or F). **When to Submit:** Submit the "Supplemental Experience and Training Record" when you have additional work experience and/or additional education and need to update your application which is already on file at the State Personnel Board or when additional space is required.

SUMMARY OF POLICIES AND PROCEDURES

It is the applicant's responsibility to review the rules for the maintenance of lists of eligibles. These rules are summarized below:

1. All applicants will be notified, in writing, of the final action taken on their application. **This information will not be furnished by telephone or in person.**
2. If determined eligible, your name will remain on the list of eligibles for a period of one (1) year except for reasons listed in item 3 below.
3. Your name will be removed from the list of eligibles, by job title, for all locations if one of the following occurs: (a) you request to be removed; (b) the post office cannot deliver your mail to the address you provided; (c) you decline a state service job offer; (d) you fail to report for an interview; (e) you are employed in the job title; or (f) a rule or procedural change makes it necessary to remove your name. You will not be notified of such removal except for reason (f) of this section.
4. **To extend your time on the list of eligibles**, you must submit a written request within fifteen (15) working days PRIOR to the one (1) year expiration date indicated in item 2 above. Your written request should include your name, the title of the job for which you are requesting extension, your social security number, and your signature. Written requests for extension may be mailed to the State Personnel Board at the address above. You may also **email** your request for extension to: martym@spb.state.ms.us or dkelly@spb.state.ms.us.
5. **To improve your score**, you must submit a new application for the job which includes the information you originally submitted plus any additional education and/or experience you may have gained since the date of your original application. Be sure to check the "Improve Score" box under "Application To" in the upper right-hand corner of page 1 of the application.
6. Photocopied applications are not acceptable. You must submit a separate, original application form for each job title. You may also apply online by accessing the State Personnel Board's electronic application at www.spb.ms.gov. Click on the "Electronic Application" link.
7. Please allow fifteen (15) business days for a written response from the State Personnel Board.
8. Equal employment opportunity for all individuals regardless of race, color, sex, religion, national origin, age, disability, or political affiliation is the policy of the State Personnel Board.